DRN-5919682

The complaint

Miss M has complained that Inter Partner Assistance SA (IPA) has requested a disproportionate and excessive amount of medical evidence to assess a claim she made on a travel insurance policy.

What happened

Miss M was due to undertake a trip abroad in January 2025. However, she was unable to travel due to complications with her pregnancy. She therefore made a cancellation claim on the policy for unrecoverable costs.

In support of the claim, Miss M provided documentation relating to the condition that had prevented her from travelling. However, IPA then requested her medical records for the period 29 November 2022 to 9 January 2025.

In response to the complaint, IPA explained why it needed the information, apologised for not providing a fuller explanation previously and offered a total of £150 for distress and inconvenience.

Our investigator thought that IPA had acted reasonably, in line with the policy terms and conditions. Miss M disagrees and so the complaint has been passed to me for a decision.

What I've decided – and why

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

I've carefully considered the obligations placed on IPA by the Financial Conduct Authority (FCA). Its 'Insurance: Conduct of Business Sourcebook' (ICOBS) includes the requirement for IPA to handle claims promptly and fairly, and to not unreasonably decline a claim.

Miss M has ongoing concerns about IPA's actions, which have caused further delay beyond the point that she brought her complaint to this service and IPA provided its final response letter (FRL) on 30 April 2025.

To be clear, I can only consider the complaint up to that point. So, I'm sorry to disappoint Miss M, but I'll only be looking at her original complaint in this decision. Miss M would need to make a new complaint to IPA, in the first instance, about any further dissatisfaction.

Miss M's position is that, as the reason for cancelling the trip was pregnancy related, there can be no connection to any pre-existing conditions. Furthermore, she declared her pre-existing medical conditions at the point of purchasing the policy. So, I can understand that, from her point of view, the need to provide additional medical information is redundant.

As IPA explained in its FRL, it needs to double check that the policy was offered on the correct terms at inception, and part of that is ensuring Miss M correctly declared her previous medical history – regardless of whether that relates to the condition that has led to the claim.

I appreciate that Miss M sees this as a way of IPA trying to use immaterial facts to attempt to avoid or reduce the claim payment. However, it is established practice for insurers to undertake such checks and is something that they are entitled to do. This is information that they would likely ask of every claimant, therefore I'm not persuaded that IPA has discriminated against Miss M due to the claim being pregnancy related.

Following on from the FRL, Miss M then did send IPA her medical records on 8 May 2025, for the requested two-year period. As I understand it, IPA believes the records to be incomplete as they do not detail all of the medical appointments during that timeframe. As already stated, I can't consider any issues that have arisen since the FRL was issued. However, in the interests of moving things forward, I would encourage IPA to provide Miss M with specific details of what information it considers to be missing.

I've thought very carefully about what Miss M has said and have a great deal of sympathy for her situation. It must have been very stressful having to cancel the trip, make a claim, and then a complaint, all whilst pregnant. However, the matter at hand is whether IPA did anything wrong in asking for two years' worth of medical records – and I'm unable to conclude that it did. Overall, I consider it was entitled to ask for that information before progressing the claim.

I also consider that the £150 paid by IPA is fair and reasonable compensation for not explaining why it needed that information at the first time of asking, and for the distress and inconvenience caused.

My final decision

For the reasons set out above, I do not uphold the complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Miss M to accept or reject my decision before 28 November 2025.

Carole Clark
Ombudsman